

To:

Blood Banks

Home Health  
Agencies

Individual Medical  
Supply Providers

Medical Equipment  
Vendors

Nurses in  
Independent  
Practice

Nursing Homes

Personal Care  
Agencies

Pharmacies

HMOs and Other  
Managed Care  
Programs

## Procedure Code Updates for Disposable Medical Supplies

Effective for dates of service (DOS) on and after January 1, 2006, Wisconsin Medicaid is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect 2006 Healthcare Common Procedure Coding System (HCPCS) procedure code changes from the Centers for Medicare and Medicaid Services. These changes include changing, ending, and adding new HCPCS procedure codes.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes, procedure code descriptions, procedure code status, copayment amounts, maximum allowable fees, nursing home reimbursement status, and procedure code requirements.

Allowable DMS procedure codes are listed in the Disposable Medical Supplies Index.

Changes to the DMS Index are updated on a quarterly basis and posted on the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/). Refer to this *Update* until the DMS Index is modified.

For specific Medicaid requirements on the procedure codes listed in this *Update*, refer to service-specific publications.

### **New Requests for Prior Authorization**

Effective immediately, providers are required to use the new procedure codes for new prior authorization (PA) requests (with future DOS) received by Wisconsin Medicaid.

### **Approved and Modified Prior Authorization Requests Currently in Effect**

For approved and modified PA requests currently in effect with grant dates before January 1, 2006, Wisconsin Medicaid will identify and convert all discontinued procedure codes in accordance with the attachment. The discontinued procedure codes will remain effective for DOS before January 1, 2006; however, the converted procedure codes will be effective for DOS on and after January 1, 2006. Quantities that have been approved on the original Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03), are not to be exceeded. The procedure code conversion will result in an increase of details on the PA/RF. If this conversion results in more than 12 details, Wisconsin Medicaid will assign a new PA/RF with a new PA number for the converted codes. When this occurs, Wisconsin Medicaid will notify the provider by mail of the new PA number(s) assigned for the converted codes.

Because the procedure codes will be converted on these requests for PA, providers are required to submit claims using the converted codes that replace the discontinued codes for DOS on and after January 1, 2006. For claims related to PA with DOS before January 1, 2006, providers are required to use the discontinued procedure codes.

### **Requests for Prior Authorization Currently in Process**

For PA requests currently in process that are approved or modified with grant dates before January 1, 2006, Wisconsin Medicaid will identify and convert all discontinued procedure codes in accordance with the attachment. Requests for PA that are returned by Wisconsin Medicaid to the provider for more information will not be converted by Wisconsin Medicaid.

### **For More Information**

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

### **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Procedure Code Updates for Disposable Medical Supplies

Effective for Dates of Service on and After January 1, 2006

Place of Service Codes			
11	Office	99	Other
12	Home		

Modifier	
22	Unusual procedural services
59	Distinct procedural service

Status	Procedure Code	Allowable Modifier	Replaces or is Replaced by Code(s)	Description	Place of Service	Maximum Allowable Fee	Copayment	Maximum Quantity Allowed Per Month	In NH Rate	In HC Rate
Changed Description	A4215			Needle, sterile, any size, each						
Changed Description	A4216			Sterile water, saline and/or dextrose (diluent), 10 ml						
Added	A4218		A7004-22	Sterile saline or water, metered dose dispenser, 10 ml	11, 12, 99	\$0.36	0.50	200 per month	N	N
Added	A4233		A4254	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	11, 12, 99	\$2.45	0.50	4 total per month for procedure codes A4233-A4236	Y	N
Added	A4234		A4254	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	11, 12, 99	\$2.45	0.50	4 total per month for procedure codes A4233-A4236	Y	N
Added	A4235		A4254	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	11, 12, 99	\$2.45	0.50	4 total per month for procedure codes A4233-A4236	Y	N
Added	A4236		A4254	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	11, 12, 99	\$2.45	0.50	4 total per month for procedure codes A4233-A4236	Y	N
Enddated	A4254		A4233 – A4236							
Added	A4363			Ostomy clamp, any type, replacement only, each	11, 12, 99	\$1.71	0.50	2 per month	N	N
Changed Description	A4372			Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each						
Added	A4411			Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	11, 12, 99	\$5.09	0.50	6 per month	N	N

Status	Procedure Code	Allowable Modifier	Replaces or is Replaced by Code(s)	Description	Place of Service	Maximum Allowable Fee	Copayment	Maximum Quantity Allowed Per Month	In NH Rate	In HC Rate
Added	A4412			Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	11, 12, 99	\$2.32	0.50	20 per month	N	N
Enddated	A5119		A5120							
Added	A5120		A5119	Skin barrier, wipes or swabs, each	11, 12, 99	\$0.19	0.50	60 per month	N	N
Enddated	A7004	22	A4218							
Changed Description	A7032			Cushion for use on nasal mask interface, replacement only, each						
Changed Description	A7033			Pillow for use on nasal cannula type interface, replacement only, pair						
Enddated	K0731		L8623							
Enddated	K0732		L8624							